

Summer 2008

Welcome to the RRC for Family Medicine's Inaugural Newsletter

With this newsletter, we hope to enhance communication between the RRC and the Family Medicine community, and to provide updates on RRC and ACGME initiatives. The newsletter will be sent to all core and subspecialty program directors, coordinators, and designated institutional officials on a semi-annual basis, typically after the RRC's spring and fall meetings.

New RRC Chair, Vice-Chair and Committee Members

Janice Nevin, MD is the new Chair of the RRC and Martin Quan, MD is the new Vice-Chair. Colleen Conry, MD and Peter Carek, MD joined the RRC as new members. Dr. Conry's term began in January 1, 2008 and Dr. Carek's will begin July 1, 2008.

Streamlined Version of Common Program Requirements for 1-Year Fellowships

ACGME has endorsed a streamlined version of the common requirements for one-year fellowship programs. The Committee will apply the streamlined common requirements to geriatric medicine and sports medicine. Since both of these requirements are joint ventures with other

review committees, expect to see the streamlined common requirements in the aforementioned areas in early 2009. More information about this model will be coming soon.

National Data Reports

National reports are now available for the 2006-2007 academic year in the Accreditation Data System (ADS). The 2005-2006 data reports will remain online. This will allow programs to compare their data for patient visits, maternity, and inpatient experiences against the national data and across multiple reporting years.

Minor Modifications to the PIF

Minor edits have been made to the new application and continued accreditation PIFs.

- The faculty roster that used to appear in the body of the PIF is now in ADS. It is the same roster used by all programs accredited by ACGME. Instead of requesting the total number of hours each family medicine faculty member devotes each year to the program, the new roster asks for the average number of hours per week. A full time commitment is devoting at least 27 hours a week to the program ($1,400 / 52 = 27$ hrs/week).
- The instructions in the PIF have been modified so that program directors can add multiple reporting years worth of data that has been collected via ADS into the PIF. This will allow the Committee to see a program's patient visit, maternity, and other data across

multiple time periods.

- A question has been added in the PIF for programs operating in a 1-2 format. The PIF instructions formerly requested a cover letter with a summary of how 1-2 programs function. This new question eliminates the need for a cover letter.
- The questions related to the home visits and nursing home visits have been modified slightly to align with the requirements.

Tools to Assist Program Directors

Program Director Guide to the Common Program Requirements

The *Guide* is now available on the ACGME website. It is intended to clarify the meaning and expectations of the common program requirements. This document provides explanations regarding the competencies and suggests ways to document compliance with these requirements.

http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp

Review Committee Executive Directors, Review Committee Chairs, members of the Field Staff, and program directors provided review and input. It will be regularly revised based on user feedback and revised as requirements change. Please email comments and suggestions to: Guide@acgme.org.

Frequently Asked Questions

The Committee's FAQ document is located at the following address (http://www.acgme.org/acWebsite/RRC_120/120_FAQ.pdf). The Committee encourages program director and coordinators to review this document regularly.

Presentations

The RRC presentation from the early June program directors' workshop in Kansas City

is available at:

http://www.acgme.org/acWebsite/RRC_120/120_rrcPresentations.asp

Modest Increases in Resident Complement

The RRC allows for modest increases in resident complement (defined as 1 or 2 additional residents per level). When the RRC evaluates a program, it determines whether there are sufficient resources for the number of residents in the program. Program directors may make a modest increase between accreditation reviews without RRC approval. The guidelines for resident complement increases are posted on the Family Medicine homepage:

http://www.acgme.org/acWebsite/RRC_120/120_resComp.pdf

Innovation and Experimentation

The Committee encourages programs to "innovate." Programs that have developed innovative approaches to achieving required experiences are encouraged to complete the *Program Experimentation and Innovative Projects Proposal Form* located at (<http://www.acgme.org/acWebsite/navPages/ProgramExperimentationInnovativeProjectsProposalForm.doc>).

Notification Letters via Email

Since the fall of 2006, ACGME no longer sends a hard copy of the RRC's notification letter via USPS mail. Instead, program directors and DIOs will receive an email notification within a week of the RRC meeting letting them know the program's status, review cycle and approximate date of the next site visit. Then, within 60 days following the RRC meeting, notification letters are posted on the ACGME's ADS system. Programs will be notified by email when the letter of notification is ready for review in ADS. In addition, program requirement references now follow all citations in the notification letters. We hope this change will assist programs in interpreting notification letters.

Site Visit Dates via Email

Programs directors and DIOs will also be notified by email of their scheduled site visit date. The email will contain site visitor contact information, and information regarding postponement requests. The full, hard copy site visit announcement letter, which is sent via US mail, will contain information and instructions for the site visit process. This change was implemented in the fall of 2006 so that program directors could learn of the firm survey date as soon as possible. If the approximate date of the next site visit is near/approaching and you have not received this email notification, contact James Cichon jcichon@acgme.org, in the Department of Field Activities to get a more definitive date of when to expect the site visit.

Making Program Changes

Hard copy letters requesting program director changes, requests for permanent or temporary increase in resident complement, additions and/or deletions of participating sites and requests for voluntary withdrawal of accreditation will no longer be accepted. All such requests need to be submitted via the ADS. <https://www.acgme.org/ads>. For ADS log-in assistance please contact the ADS helpdesk at WebADS@acgme.org or 312.755.7464.

When submitting correspondence to the RRC for matters not listed above, please be sure to include your 10-digit program ID. This will allow staff to promptly process your request.

ACGME Educational Conference 2008 Recap

Each year, the ACGME Annual Educational Conference provides a venue for graduate medical educators to learn more about the accreditation process and ways to enhance residency program quality related to ACGME initiatives, such as general

competencies, educational outcome assessment, and duty hours. This year's conference theme "Building Community, Improving Quality" emphasized how better education and better patient care can occur when individuals in diverse roles work together toward shared goals.

Post-conference information is available at: http://www.acgme.org/acWebsite/meetings/meEducConf_08.asp

Save the date for the 2009 ACGME Annual Educational Conference, March 5-8, in Grapevine, TX.

RRC Meeting and Agenda Closing Date

Meeting: September 24-26, 2008
Agenda Closing: June 30

Meeting: January 19-21, 2009
Agenda Closing: October 31

Feedback

We welcome your comments and suggestions about this newsletter: dbraun@acgme.org.

Summary of 2007 Committee Work

In 2007, the Committee reviewed 158 core programs and 41 fellowship programs, which included 16 new programs. There are 462 Family Medicine, 39 Geriatric Medicine, and 97 Sports Medicine programs.

Frequent Citations

The charts below represent data from the 2007 calendar year. The charts list the ten most frequent citations for core family medicine programs and the subspecialty programs fellowships, respectively.

10 Most Frequent Citations

Core Family Medicine		
Total of 1185 Citations in 2007 – about 7 Citations/Program		
1. Maternity Care – total and continuity deliveries	101	8.5%
2. FMC Patient Volume/Demographics	100	8.4%
3. ACGME Competencies – PBLI; SBP; Interpersonal Skills; Professionalism	80	6.8%
4. Scholarly Activity – limited/no evidence of faculty or resident scholarship	76	6.4%
5. Sponsoring Institution – internal review; work environment issues; lack of resident/program support	70	5.9%
6. Responsibilities of the Program Director – PIF not complete, inaccurate, or with inconsistent data	65	5.5%
7. Management of Health Systems – not all elements in requirements provided	54	4.6%
8. Resident Appointment Issues – resident attrition; transfer issues	53	4.5%
9. Faculty Qualifications – not ABFM certified	39	3.3%
10. Pediatrics – low volume	35	3.0%

As can be seen from a review of the table of citations for core programs, a fair number of programs received citations related to the competencies. The Committee encourages programs to use the [Program Director Guide to the Common Program Requirements](#) to better understand expectations regarding the competencies. The *Guide* also offers suggestions regarding the necessary documentation for demonstrating compliance.

Geriatric and Sports Medicine Fellowship Programs Combined		
104 Total Citations in 2007 – 2 Citations/Program		
1. Curriculum – lack of a structured experience in	14	13.5%
2. Research and Scholarly Activity – lack of faculty or fellow scholarship	11	10.6%
3. Sponsoring Institution – Internal review, etc.	10	9.7%
4. LOAs – missing; don't contain all required elements	10	9.7%
5. Evaluation of Fellows – not done semi-annually; no evidence of final	10	9.7%
6. Patient Care Experience – lacking adequate experience	6	5.8%
7. Responsibilities of the Program Director -- PIF not complete, inaccurate, or with inconsistent data	6	5.8%
8. Qualifications of Faculty – no evidence of current ABMS certification	6	5.8%
9. Evaluation of the Program – no evidence of annual; not documented	5	4.8%
10. Program Personnel and Resources – missing required faculty	3	2.9%

Hospice and Palliative Medicine

At its February 2008 meeting, the ACGME approved the Program Requirements for Hospice and Palliative Medicine (HPM). Since this is a new subspecialty with new requirements, the streamlined version of the common requirements for 1-year fellowship programs noted earlier in this newsletter will not be applied to this set of requirements.

HPM programs will be considered for accreditation only if the sponsoring institution also sponsors an ACGME-accredited program in at least one of the following specialties: Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Psychiatry, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Radiation Oncology or Surgery. HPM programs are considered dependent subspecialty programs of one of the aforementioned core programs. However, regardless of which core specialty the HPM program is aligned with, the RRC for FM will review and accredit all HPM programs. This is a different accreditation model than what has been used with other multidisciplinary subspecialties in the past (e.g., sleep and sports medicine). The complexity of HPM – with the potential for 11 different Review Committees being involved in accrediting programs – necessitated a new and different accreditation model.

Applications will be reviewed initially by members of the hospice and palliative medicine advisory group that assisted the RRC with developing the program requirements. The advisory group will provide the RRC comments on the major components of the proposed programs as described in the application PIF. The RRC will review all applications at its January 2009 meeting. At least one member of the hospice and palliative medicine advisory group will be present at

this meeting to provide guidance as the Committee makes its decisions.

An FAQ, developed to assist HPM program directors, will be coming soon.

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